

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043313

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 174

FILED NOV 21 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lawrence	b. CITY (If outside corporate limits, give TOWNSHIP only) Mt. Vernon	a. STATE Missouri	b. COUNTY Lawrence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		c. CITY OR TOWN Mt. Vernon	d. STREET ADDRESS (If outside, give location) R. R. 1
3. NAME OF DECEASED (Type or print) First Middle Last Jim Hembree		4. DATE OF DEATH Month Day Year November 15, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Unknown
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and state or country) Brighton, Missouri	
13a. FATHER'S NAME Will Hembree		14. NAME OF HUSBAND OR WIFE U. S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Hospital records, Mo. S.S., Mt. Vernon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma with widespread metastasis Gangrene of small intestine secondary to infarction of superior mesenteric artery Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Chronic rheumatic heart disease with mitral stenosis with multiple embolic phenomena		INTERVAL BETWEEN ONSET AND DEATH Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 10-9-62		20f. CITY, TOWN, OR LOCATION Chesapeake, Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 10-9-62 to 11-15-62 and last saw him alive on 11-15-62 Death occurred at 12:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Mo. S. S., Mt. Vernon, Mo.	
22a. SIGNATURE Samuel R. Wilson MD		22c. DATE SIGNED 11-15-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-16-62	23c. NAME OF CEMETERY OR CREMATORY Camp Grounds Cem.	
24. FUNERAL DIRECTOR Smith Funeral Home - Mt. Vernon, Mo.		25. DATE RECD. BY LOCAL REG. 11-15-62	
26. REGISTRAR'S SIGNATURE Ray Dunham/RW			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
12/13/62
12/13/62
12/13/62


INSTEAD OF
- Bronchogenic carcinoma
- Gangrene of small intestine
- secondary to infarction of sup. mesenteric artery
Part II Chronic rheumatic heart disease with mitral stenosis

DOCUMENT
BY AFFIDAVIT OF Attendant

USE BLACK INK
OR
TYPEWRITER RIBBON

2961 22 NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by , Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald N. Smith

Licensed Embalmer No. 5209

P. O. Address Mt Vernon, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.